

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES Mail: 135 State House Station, Augusta, Maine 04333

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## 2007 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2007 through December 31, 2007

Please file this statement with the Clerk of the House or the Secretary of the Senate by 5:00 p.m. on February 15, 2008.

	LEGISLATOR INFORMATION	
Name		Member of:
Mailing address  22 Kent S  City, zip code  Lanford		Ä House ☐ Senate
Mailing address	District	
22 Kent s	142	
ity, zip code	The second secon	Phone
Souford	324-4459	
	DIAME DERIVED FROM EMPLOYMENT BY AN ployer from whom you received compensation employer.	그리 아이터 프로그램 그렇게 되었습니다.
Name of Employer	Address	Principal Type of Economic Activity of Employer
State of Maine	State House, Oliqueda	governing
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		The state of the s
List the name and address of your b	NCOME DERIVED FROM SELF-EMPLOYME For Legislators who are self-employed.) Dusiness, if any, and list the major areas of tnership, firm, professional association, or sim	economic activity from which
Name and Address of Business Ent	ity Major Areas of Economic Activity (self)	Major Areas of Economic Activity (partnership, association or similar business entity)
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ame: Andrew Boland, Title Ex ddress: 22 Kent St., Sanford ame: Celin Int'l Independent ddress: 22 Kent St., Sanford	o 4073 Destrobutor mutritional 04073 Engelements	

PART 2 (continued). INCOME DERIVED FROM SELF-EMPLOYMENT (For Legislators who are self-employed.)
B. List each source of income derived from self-employment that represents more than 10% of your gross income or \$1,000, whicheve is greater, and specify the principal type of economic activity of the entity or person from whom you derived such income. If this form of disclosure is prohibited by law, rule, or an established code of professional ethics, specify only the principal type of economic activity of the entity or person from whom the income was derived.
Principal Type of Economic  Name and Address of Source  Activity of Entity or Person Who is the Source of the Income
Name:
Address:
Name:
Address:
PART 3. MAJOR AREAS OF PRACTICE (For Legislators who are attorneys-at-law only.)
List your major areas of practice. If associated with a law firm, list the major areas of practice of your firm.
Name and Address of Firm Major Areas of Practice Major Areas of Practice (self) (firm)
Name:
Address:
Name:
Address:
PART 4. OTHER SOURCES OF INCOME
List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this form. Do not include gifts. If none, check the box.
Name and Address of Source  Kind of Income (investments, leases, etc.)
Name:
Address:
Name:
Address:
PART 5. REPORTABLE LIABILITIES  List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that you received during the reporting period, and list the major areas of economic activity of each creditor. Do not list loans from a relative. If none, check the box
None
Name and Address of Creditor Principal Type of Economic Activity of Creditor
Name:
Address:
Name:
Address:
PART 6. REPORTABLE GIFTS
List the specific source of each gift of more than \$300. Include gifts with an aggregate value of more than \$300 from a single source. If none, check the box
Le None
Name of Source of Gift Name of Source of Gift  1. 3.
2.

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PART 7. REPORTA	. *		A CONTRACT TO THE STORY OF			
List the source of any honoraria accepted for appearances or speech	nes related	d to your	official duties. If none, o	heck the box.		
None						
Name of Source of Honoraria	The contract of the contract o		Name of Source of Hor	oraria		
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2.	4.	A. 100		TPECEST C I delen en en emme en emperor en provincia de la colonia de estado en emperor en en en en en en en e		
PART 8. REPRESENTATION	BEFORE	STAT	E AGENCIÉS			
List each executive branch agency before which you represented on the box.	r assisted	others f	or compensation of any	amount. If none, check		
None		The Miles show the contract decreases and the contract of the				
Name of Agency		1,301,301	Name of Agency			
1.	3.		rette distribution i gas en en en experience propriete en	the factor of the state of the		
2.	4.		### 1   1   1   1   1   1   1   1   1	en de la companya de		
PART 9. BUSINESS WI	TH STAT	TE AGE	NCIES			
List each executive branch agency to which you or a member of your immediate family sold goods or services with a value in excess of \$1,000 during the reporting period. If none, check the box.						
None			The state of the s			
		E Z	Name of Agency			
	.3.			The state of the s		
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2.	4.					
PART 10. INCOME RECEIVED BY M	(-@	A secretary for the first	200000			
List the type of economic activity representing each source of income (ren) during the reporting period and the kind of income represented. "D" for income received by dependents.	ne of \$1,0 Do not in	00 or me nclude g	ore received by your sporiffs. Circle "S" for incom-	ouse or dependent child e received by spouse or		
Type of Economic Activity Representing Source of Income Receive	ed a	Circle appropriat letter	ë .Kind	of Income		
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4.		S C	The state of the s	nd. 1944 d. Marielli, M. Miller and Warmer v. a. a. a. A. M. William of North Act World and Act World and Act		
SIGNAT	URE	State The				
A Legislator who willfully fails to file a required statement is sub (1 M.R.S.A. § 1017-A)	ject to a	fine of	\$10 per business day	until the report is filed.		

The intentional filing of a false statement is a Class E crime. If the Commission concludes that it appears that a Legislator has willfully filed a false statement, it shall refer its findings of fact to the Attorney General.

If the Commission determines that a Legislator has willfully failed to file a required statement or has willfully filed a false statement, the Legislator shall be presumed to have a conflict of interest on every question and shall be precluded from voting on any question in committee or in either branch of the Legislature, and shall not attempt to influence the outcome of any question. (1 M.R.S.A. § 1019)

andrea M. Baland

Jan. 3, 2008 Date

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